STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15E245	A. BUILDING 01 B. WING	05/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST AUGUSTINE HOME FOR THE AGED	2345 WEST 86TH STREET INDIANAPOLIS, IN46260

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K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 05/23/11 Facility Number: 000389 Provider Number: 15E245 AIM Number: 100288920 Surveyor: Mark Caraher, Life Safety Code Specialist At this Life Safety Code survey, St. Augustine Home for the Aged was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This facility, located on the second and third floor of a three story building was determined to be of Type II (222) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and all areas open to the corridor. The facility	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	has a capacity of 42 and had a census of 41 at the time of this visit. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 05/31/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0011 SS=E	If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 Based on observation and interview, the facility failed to ensure 4 of 4 door sets in the fire barrier separating health care from the assisted living occupancy provided the protection needed for a two hour fire barrier. LSC 19.1.1.4.2 refers to LSC 8.2. LSC 8.2.3.2.3.1 requires openings in a 2 hour fire barrier be provided with doors having at least a 1 1/2 hour fire protection rating. This deficient practice could affect residents, staff and visitors in the vicinity of the second and third floor dining room Center Stairwell access doors and the	K0011	Our Advisory Board are consulting with experts for obtaining fire protection for existing doors, estimate on door replacements and the most effective course of correction. The above date is tentative only.	07/06/2011

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	second and third floor West Corridor door sets. Findings include: Based on observations with the Maintenance Manager during a tour of the facility from 11:30 a.m. to 2:20 p.m. on 05/23/11, the second and third floor dining room Center Stairwell access door sets and the second and third floor West Corridor door sets in the fire barrier separating health care from assisted living did not display a one and one half hour rating required for each door in a two hour fire wall. Based on interview at the time of observation, the Maintenance Manager acknowledged no fire protection rating was listed on the doors and they did not have any documentation of the fire protection rating for each door. 3.1-19(b)			

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K0018 SS=E	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 2 of 2 dining rooms' corridor doors were provided with positive latching hardware. This deficient practice could affect any resident staff or visitor in the vicinity of the second floor dining room and the third floor dining room. Findings include: Based on observations with the Maintenance Manager during a tour of the facility from 11:30 a.m. to 2:20 p.m. on 05/23/11, the second floor dining room has two sets of corridor doors and the third floor dining room has one corridor door set. Each door set is equipped with roller latches at the top of each door but each door set lacked a positive latching mechanism. Based on interview at the	K0018	Quotations for the installation of new approved latching mechanisms are being solicited and these will be needed before a definite date for completion can be given. The above date is tentative only.	07/06/2011

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	time of observation, the Maintenance Manager acknowledged each dining room door set was not provided with positive latching hardware. 3.1-19(b)			
K0029 SS=E	One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 Based on observation and interview, the facility failed to ensure 2 of 2 doors serving hazardous areas on the second floor are equipped with self closing devices on the doors. This deficient practice could affect any resident, staff or visitor in the vicinity of Room 224 and the oxygen storage and transfilling room on the second floor. Findings include: a. Based on observation with the Maintenance Manager during a tour of the	K0029	We are in the process of obtaining quotation for the installation of a self closing mechanism. The above date is tentative because we are awaiting the quotes.	07/06/2011

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	facility from 11:30 a.m. to 2:20 p.m. on 05/23/11, Room 224 on the second floor measured 70 square feet in area and contains files and cardboard boxes. Room 224 is equipped with one entry door which latches into the frame but the entry door is not equipped with a self closing device. Based on interview at the time of observation, the Maintenance Manager acknowledged Room 224 is used to store combustible materials, is greater than fifty square feet in area and the entry door is not equipped with a self closing device. b. Based on observation with the Maintenance Manager during a tour of the facility from 11:30 a.m. to 2:20 p.m. on 05/23/11, the second floor oxygen storage and transfilling room is equipped with one entry door which latches into the frame but the entry door is not equipped with a self closing device. Six liquid oxygen storage canisters were observed in the second floor oxygen storage and transfilling room. Based on interview at the time of observation, the Maintenance Manager acknowledged the second floor oxygen storage and transfilling room entry door is not equipped with a self closing device. 3.1-19(b)			

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K0044 SS=E	Horizontal exits, if used, are in accordance with 7.2.4. 19.2.2.5 Based on observation and interview, the facility failed to ensure 4 of 4 door sets in the fire barrier separating health care from the assisted living occupancy are equipped with positive latching to provide the protection needed for a two hour fire barrier. LSC 19.2.2.5 requires horizontal exits to be in accordance with 7.2.4. LSC 7.2.4.3.4 requires any opening in fire barriers be protected as provided in 8.2.3. LSC 8.2.3.2.1 requires fire doors to be installed in accordance with NFPA 80. In addition NFPA 80, Standard for Fire Doors and Windows at 2-1.4.1 requires all closing mechanisms shall be adjusted to overcome fire resistance of the latch mechanism so positive latching is achieved on each door operation. This deficient practice could affect residents, staff and visitors in the vicinity of the second and third floor dining room Center Stairwell access doors and the second and third floor West Corridor door sets. Findings include: Based on observations with the Maintenance Manager during a tour of the facility from 11:30 a.m. to 2:20 p.m. on 05/23/11, the second and third floor dining room Center Stairwell access door	K0044	We are in the process of obtaining quotation for the installation of a positive latching mechanism. The above date is tentative because we are awaiting the quotes.	07/06/2011

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	sets and the second and third floor West Corridor door sets in the fire barrier separating health care from assisted living each are not provided with a positive latching mechanism. Based on interview at the time of observation, the Maintenance Manager acknowledged each door set was not equipped with a positive latching mechanism. 3.1-19(b)			
K0050 SS=F	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on the second shift for 1 of 4 quarters. This deficient practice affects all occupants in the facility including residents, staff and visitors. Findings include:	K0050	At the last week of each month the maintenance department will check to be sure that all Fire Drills for that month were held. The Maintenance Head will have a yearly lop which he maintains stating the date f each month when a fire drill was held.	06/24/2011

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	Based on review of "Fire Drill Report" documentation with the Maintenance Manager from 9:45 a.m. to 11:30 a.m. on 05/20/11, there is no documentation of a fire drill being conducted on the second shift in the third quarter in 2010. Based on interview at the time of record review, the Maintenance Manager stated two fire drills were conducted on the second shift of the second quarter of 2010 and had requested the 05/25/10 second shift second quarter fire drill be substituted as a third quarter fire drill but acknowledged there is no documentation of a second shift third quarter fire drill available for review. 3.1-19(b)			
K0144 SS=C	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on record review, observation and interview; the facility failed to ensure 1 of 1 emergency generators is equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires	K0144	A remote manual stop has been installed in accordance with Life Safety Code.	06/16/2011

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	Level II installations shall have a remote manual stop station of a type similar to a break glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants in the facility including residents, staff and visitors. Findings include: Based on review of Generator Maintenance records on 05/23/11 from 9:45 a.m. to 11:30 a.m. with the Maintenance Manager, the emergency generator is rated at 90 kilowatts or 120 horsepower and was installed in August 2003. Based on observation of the emergency generator equipment during a tour of the facility from 11:30 a.m. to 2:20 p.m. on 05/23/11, a manual stop is located on the emergency generator but no remote manual stop was observed at any location within the facility. Based on interview at the time of observation, the Maintenance Manager acknowledged the facility does not have a remote manual stop for the emergency generator.			

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